

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

TENET HEALTHCARE CORPORATION PAC

ADDRESS (number and street)

13737 Noel Road, Suite 100

☐Check if different
than previously
reported. (ACC)

Dallas

TX

75240

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00119354

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☒January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

1 1

2 8

2 0 0 6

through

1 2

3 1

2 0 0 6

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mr. Todd Plott

Signature of Treasurer

Electronically Filed by Mr. Todd Plott

Date

0 1

2 4

2 0 0 7

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

TENET HEALTHCARE CORPORATION PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	1	2	8	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		26410.20
(b) Cash on Hand at Beginning of Reporting Period	3376.44	
(c) Total Receipts (from Line 19)	2814.52	40605.76
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	6190.96	67015.96
7. Total Disbursements (from Line 31)	1000.00	61825.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	5190.96	5190.96
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

TENET HEALTHCARE CORPORATION PAC

Report Covering the Period:

From:

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	2629.52	21181.92
(i) Itemized (use Schedule A)		
(ii) Unitemized	185.00	19423.84
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	2814.52	40605.76
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡	2814.52	40605.76
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	2814.52	40605.76
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	2814.52	40605.76

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		1000.00	39250.00
24. Independent Expenditure (use Schedule E)		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs)		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		0.00	0.00
29. Other Disbursements.....		0.00	22575.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share		0.00	0.00
(ii) "Levin" Share		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		1000.00	61825.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		1000.00	61825.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	2814.52	40605.76
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2814.52	40605.76
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 / 32

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

A. Full Name (Last, First, Middle Initial) ELIZABETH LAMKIN Mailing Address 31 WICKLOW DRIVE City State Zip Code HILTON HEAD IS. SC 29928 FEC ID number of contributing federal political committee. C Name of Employer Occupation HILTON HEAD HOSPITAL CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1025760416255 Amount of Each Receipt this Period 40.00 P/R Deduction (\$20.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) DALE ARMSTRONG Mailing Address 1135 CARTHAGE ST City State Zip Code SANFORD NC 27330 FEC ID number of contributing federal political committee. C Name of Employer Occupation CENTRAL CAROLINA HOSPITAL CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1025775816255 Amount of Each Receipt this Period 40.00 P/R Deduction (\$20.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) JENNIFER DALEY Mailing Address 5 CANDLEWICK CLOSE City State Zip Code LEXINGTON MA 02421-4307 FEC ID number of contributing federal political committee. C Name of Employer Occupation TENET HEALTHCARE CORPORAT-ION-HQ SVP,CLINICAL QUALITY/CMO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1014.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1039838816255 Amount of Each Receipt this Period 78.00 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

158.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

Full Name (Last, First, Middle Initial)

A. JOHN J FERRELLI

Mailing Address RANCHO MIRAGE

City State Zip Code
Rancho Mirage CA 92270-4138

FEC ID number of contributing
federal political committee.

C

Name of Employer
JOHN F. KENNEDY MEMORIAL
HOSPITAL

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1240924716255

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. SHELLEY GILES

Mailing Address 3803 STOCKTON LN

City State Zip Code
DALLAS TX 75287-4919

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEADQUARTERS OFFICE

Occupation
DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1479664416255

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. JANIS THAYER

Mailing Address 1735 CRIMSON TERRACE

City State Zip Code
BRENTWOOD CA 94513-2618

FEC ID number of contributing
federal political committee.

C

Name of Employer
OTHER EXECUTIVES

Occupation
DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1481210616255

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

A. Full Name (Last, First, Middle Initial)

CHARLES CONKLIN

Mailing Address 3901 HEARST CASTLE WAY

City State Zip Code
 PLANO TX 75025-2011

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEADQUARTERS OFFICE

Occupation
VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1592857216255

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)

RICKY JOHNSTON

Mailing Address 404 N.CHURCH ST

City State Zip Code
 MCKINNEY TX 75069

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEADQUARTERS OFFICE

Occupation
VP, INFO SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1560.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1592858216255

Amount of Each Receipt this Period

120.00

P/R Deduction (\$60.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)

Daniel WALDMANN

Mailing Address 2001 19th Street, NW, #5

City State Zip Code
 Washington DC 20009-1346

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHSYSTEM-TEXAS

Occupation
VP Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2080.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1814798516255

Amount of Each Receipt this Period

160.00

P/R Deduction (\$80.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

320.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

A. Full Name (Last, First, Middle Initial)
LINDA P MCNEILL

Mailing Address 3901 S. POST OAK AVE

City State Zip Code
NEW ORLEANS LA 70131-8413

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEADOWCREST HOSPITAL

Occupation
DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR403500716255

Amount of Each Receipt this Period

10.00

P/R Deduction (\$10.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
MICHAEL HALTER

Mailing Address 111 RIGHTERS MILL RD

City State Zip Code
ALLENTOWN PA 19072

FEC ID number of contributing
federal political committee.

C

Name of Employer
HAHNEMANN UNIVERSITY HOSP-
ITAL

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR406763216255

Amount of Each Receipt this Period

38.00

P/R Deduction (\$19.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
EDILBERTO EVANGELISTA

Mailing Address 4605 WINNETKA CIRCLE

City State Zip Code
WOODLAND HILLS CA 91364-4618

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHSYSTEM

Occupation
SR REIMBURSEMENT SPEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR407173116255

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

68.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 10 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

A. Full Name (Last, First, Middle Initial) LEONARD ROSENFELD			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 12213 PARK BEND DR			Transaction ID: PR407201316255	
City State Zip Code DALLAS TX 75230-2364			Amount of Each Receipt this Period <div>40.00</div>	
FEC ID number of contributing federal political committee. <div>C</div>				
Name of Employer TENET HEADQUARTERS OFFICE		Occupation VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>520.00</div>		
B. Full Name (Last, First, Middle Initial) ROBERT J SCHWEBEL			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 5331 E. MOCKINGBIRD 613			Transaction ID: PR407203416255	
City State Zip Code DALLAS TX 75206-0911			Amount of Each Receipt this Period <div>20.00</div>	
FEC ID number of contributing federal political committee. <div>C</div>				
Name of Employer TENET HEADQUARTERS OFFICE		Occupation VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>260.00</div>		
C. Full Name (Last, First, Middle Initial) CINDY L LARKIN			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 4716 DE GREY LANE			Transaction ID: PR407203816255	
City State Zip Code PLANO TX 75093-7443			Amount of Each Receipt this Period <div>16.00</div>	
FEC ID number of contributing federal political committee. <div>C</div>				
Name of Employer TENET HEADQUARTERS OFFICE		Occupation SR DIR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>208.00</div>		
SUBTOTAL of Receipts This Page (optional) ▶			<div>76.00</div>	
TOTAL This Period (last page this line number only) ▶			<div></div>	

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

Full Name (Last, First, Middle Initial)

A. THOMAS WOLF

Mailing Address 2613 MILLINGTON DRIVE

City

PLANO

State

TX

Zip Code

75093-3560

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEADQUARTERS OFFICE

Occupation
MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR407205116255

Amount of Each Receipt this Period

32.00

P/R Deduction (\$16.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. HANK D IRICK JR.

Mailing Address 3305 ELAM CT

City

PLANO

State

TX

Zip Code

75093-8087

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEADQUARTERS OFFICE

Occupation
SR DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR407205816255

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. WILLIAM R WATTS

Mailing Address 7504 DANFIELD CT

City

DALLAS

State

TX

Zip Code

75252-6823

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEADQUARTERS OFFICE

Occupation
SR DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR407209416255

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

72.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

A.

Full Name (Last, First, Middle Initial)

CRAIG E SIMS

Mailing Address 4515 MANNING LANE

City

DALLAS

State

TX

Zip Code

75220-6434

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHSYSTEM-TEXAS

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR407211616255

Amount of Each Receipt this Period

38.46

P/R Deduction (\$19.23 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

JOHN F BEALLE

Mailing Address 7817 PENCROSS LANE

City

DALLAS

State

TX

Zip Code

75248-3108

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEADQUARTERS OFFICEOccupation
VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR407214516255

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

JOHN B MCDONALD

Mailing Address 2016 PEMBROKE AVE.

City

FORT WORTH

State

TX

Zip Code

76110-1236

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEADQUARTERS OFFICEOccupation
ASST GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR407215816255

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

118.46

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

Full Name (Last, First, Middle Initial)

A. WAYNE E COBB

Mailing Address 4001 ORCHID LANE

City State Zip Code
 MANSFIELD TX 76063-5577

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEADQUARTERS OFFICE

Occupation
MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR407216416255

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. ROBIN L MALLETT

Mailing Address 616 STONE CANYON

City State Zip Code
 IRVING TX 75063-6327

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEADQUARTERS OFFICE

Occupation
MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR407218316255

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. TERESA L HUSKEY

Mailing Address 4333 PERSHING AVE

City State Zip Code
 FT WORTH TX 76107-4243

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEADQUARTERS OFFICE

Occupation
SR DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR407218616255

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

Full Name (Last, First, Middle Initial)

A. SHERRY J HENDERSON

Mailing Address 25 NIGHT HERON PL

City State Zip Code
 NEWTON NC 28601

FEC ID number of contributing
federal political committee.

C

Name of Employer
 FRYE REGIONAL MEDICAL CEN-
 TER

Occupation
 CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR407219716255

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. SEARCY JOHNSON

Mailing Address 400 HUNTERS RIDGE CIRCEL

City State Zip Code
 COPPELL TX 75019

FEC ID number of contributing
federal political committee.

C

Name of Employer
 TENET HEADQUARTERS OFFICE

Occupation
 DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR407219916255

Amount of Each Receipt this Period

16.00

P/R Deduction (\$8.00 Bi-W-
eekly)

Full Name (Last, First, Middle Initial)

C. ROBERT SMITH

Mailing Address 2723 LAKERIDGE

City State Zip Code
 CARROLLTON TX 75006-4723

FEC ID number of contributing
federal political committee.

C

Name of Employer
 TENET HEALTHSYSTEM-TEXAS

Occupation
 VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR407220016255

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

86.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

Full Name (Last, First, Middle Initial)

A. JOE D THOMASON

Mailing Address 4006 RAMSGATE CT

City State Zip Code
 COLLEYVILLE TX 76034-4473

FEC ID number of contributing
federal political committee.

C

Name of Employer
RHD MEMORIAL MEDICAL CENT-
ER

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR407222116255

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-
Weekly)

Full Name (Last, First, Middle Initial)

B. ROBERT S HENDLER

Mailing Address 11122 W RICKS CIRCLE

City State Zip Code
 DALLAS TX 75230-3032

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEADQUARTERS OFFICE

Occupation
REGIONAL CMO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR407222816255

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-
Weekly)

Full Name (Last, First, Middle Initial)

C. RHONDA ROGERS

Mailing Address 261 CR 2153

City State Zip Code
 NACOGDOCHES TX 75965

FEC ID number of contributing
federal political committee.

C

Name of Employer
NACOGDOCHES MEDICAL CENTER

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR407224416255

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

140.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 32

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

A. Full Name (Last, First, Middle Initial)
CONLEY S CERVANTES

Mailing Address 819 CAMBRIDGE MANOR LANE

City	State	Zip Code
COPPELL	TX	75019-6105

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEADQUARTERS OFFICEOccupation
DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR407224716255

Amount of Each Receipt this Period

24.00

P/R Deduction (\$12.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
GARY ROBINSON

Mailing Address 3412 DREXEL DRIVE

City	State	Zip Code
HIGHLAND PARK	TX	75205-2904

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEADQUARTERS OFFICEOccupation
DEPUTY GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR407225816255

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
DEBRA L ANDONIE-WALL

Mailing Address 2687 CLEAR SPRINGS CT

City	State	Zip Code
RICHARDSON	TX	75082-4210

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEADQUARTERS OFFICEOccupation
SR DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR407226216255

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

104.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

Full Name (Last, First, Middle Initial)

A. STEPHANIE SLOGGETT-O'DELL

Mailing Address 779 SOUTH BELLFLOWER DR

City State Zip Code
 SPRINGFIELD MO 65809-1109

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEADQUARTERS OFFICE

Occupation
VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR407227016255

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. DOUGLAS E RABE

Mailing Address 9923 CAPRIDGE DR

City State Zip Code
 DALLAS TX 75238-3469

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEADQUARTERS OFFICE

Occupation
VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR407227316255

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. GARRY M OLNEY

Mailing Address 2708 ISLAND LEDGE COVE

City State Zip Code
 AUSTIN TX 78746-1982

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEADQUARTERS OFFICE

Occupation
VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR407234316255

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

A. Full Name (Last, First, Middle Initial) BARRY G WEINBAUM			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 2670 HIDDEN VALLEY ROAD			Transaction ID: PR407235316255	
City State Zip Code LA JOLLA CA 92037-4025			Amount of Each Receipt this Period <div>40.00</div>	
FEC ID number of contributing federal political committee. <div>C</div>				
Name of Employer TENET HEALTHSYSTEM		Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>520.00</div>		
B. Full Name (Last, First, Middle Initial) JOHN QUINN			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 1138 PINE VALLEY ROAD			Transaction ID: PR407236016255	
City State Zip Code GRIFFIN GA 30224			Amount of Each Receipt this Period <div>20.00</div>	
FEC ID number of contributing federal political committee. <div>C</div>				
Name of Employer SPALDING REGIONAL HOSPITAL		Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>260.00</div>		
C. Full Name (Last, First, Middle Initial) WALT MICKENS			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 116 DOCKSIDE CIRCLE			Transaction ID: PR407237616255	
City State Zip Code CORAL SPRINGS FL 33327			Amount of Each Receipt this Period <div>20.00</div>	
FEC ID number of contributing federal political committee. <div>C</div>				
Name of Employer WEST BOCA MEDICAL CENTER		Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>260.00</div>		
SUBTOTAL of Receipts This Page (optional) ▶			<div>80.00</div>	
TOTAL This Period (last page this line number only) ▶			<div></div>	

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

A. ANDREA L WOZNIAK

Full Name (Last, First, Middle Initial)

Mailing Address 3181 SAND MARSH LN

City

AWENDAW

State

SC

Zip Code

29466

FEC ID number of contributing
federal political committee.

C

Name of Employer
EAST COOPER REGIONAL MEDICAL CENTEROccupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR407239416255

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

B. WILLIAM C HENNING

Full Name (Last, First, Middle Initial)

Mailing Address 2735 LONG GROVE DRIVE

City

MARIETTA

State

GA

Zip Code

30062-8721

FEC ID number of contributing
federal political committee.

C

Name of Employer
CENTENNIAL MEDICAL CENTEROccupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR407244716255

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

C. RALPH ALEMAN

Full Name (Last, First, Middle Initial)

Mailing Address 7588 NW 51ST PLACE

City

CORAL SPRINGS

State

FL

Zip Code

33067-2053

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHSYSTEMOccupation
MARKET VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR407245316255

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

Full Name (Last, First, Middle Initial)

A. ALEX CONTRERAS-SOTO

Mailing Address 3363 SW 180 WAY

City State Zip Code
 CAROL CITY FL 33029

FEC ID number of contributing
federal political committee.

C

Name of Employer
PALMETTO GENERAL HOSPITAL

Occupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR407246916255

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. AURELIO M FERNANDEZ

Mailing Address 8540 N.LAKE DASHA DRIVE

City State Zip Code
 MARGATE FL 33324

FEC ID number of contributing
federal political committee.

C

Name of Employer
FLORIDA MEDICAL CENTER

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR407247416255

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. GARRY L GAUSE

Mailing Address 1150 LAKE COLANY LANE

City State Zip Code
 VESTAVIA HILLS AL 35242-7423

FEC ID number of contributing
federal political committee.

C

Name of Employer
BROOKWOOD MEDICAL CENTER

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR407248716255

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

80.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

Full Name (Last, First, Middle Initial)

A. WILLIAM SEED

Mailing Address 2503 MASON OAKS DRIVE

City State Zip Code
 VALRICO FL 33594-6498

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHSYSTEM

Occupation
DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR407250216255

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. DAVID L ARCHER

Mailing Address 2594 HOCKSETT COVE

City State Zip Code
 GERMANTOWN TN 38139-6655

FEC ID number of contributing
federal political committee.

C

Name of Employer
SAINT FRANCIS HOSPITAL

Occupation
MARKET CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR407250416255

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. DENNIS R BRUNS

Mailing Address 980 18TH AVE CIRCLE NW

City State Zip Code
 HICKORY NC 28601

FEC ID number of contributing
federal political committee.

C

Name of Employer
HILTON HEAD HOSPITAL

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR407251816255

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

140.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

A. Full Name (Last, First, Middle Initial)

SUELLEN SMITH

Mailing Address PASO ROBLES

City State Zip Code
 Paso Robles CA 93446-9702

FEC ID number of contributing
federal political committee.

C

Name of Employer
TWIN CITIES COMMUNITY HOS-
PITAL

Occupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR407254516255

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-
Weekly)

B. Full Name (Last, First, Middle Initial)

PAMELA J BUXTON

Mailing Address PALM DESERT

City State Zip Code
 Palm Desert CA 92211-0485

FEC ID number of contributing
federal political committee.

C

Name of Employer
JOHN F. KENNEDY MEMORIAL
HOSPITAL

Occupation
CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR407255316255

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-
Weekly)

C. Full Name (Last, First, Middle Initial)

STEPHEN L NEWMAN MD, M.D.

Mailing Address 13 NEWCASTLE LANE

City State Zip Code
 LAGUNA NIGUEL CA 92677-9328

FEC ID number of contributing
federal political committee.

C

Name of Employer
OTHER EXECUTIVES

Occupation
CEO-TENET CALIFORNIA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR407257716255

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

Full Name (Last, First, Middle Initial)

A. ALAN E HODGES

Mailing Address 231 COIN DU LESTIN

City State Zip Code
 SLIDELL LA 70460-3509

FEC ID number of contributing
federal political committee.

C

Name of Employer
NORTHSHORE REGIONAL MEDICAL CENTER

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR407262116255

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. GARY L HONTS

Mailing Address 29 OGLETHORPE LN

City State Zip Code
 HILTON HEAD SC 29926-4724

FEC ID number of contributing
federal political committee.

C

Name of Employer
HILTON HEAD HOSPITAL

Occupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR407266416255

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MICHELE C MEYER

Mailing Address 230 GRIMSLEY N. BLUFF

City State Zip Code
 ST LOUIS MO 63129

FEC ID number of contributing
federal political committee.

C

Name of Employer
DES PERES HOSPITAL

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR407268516255

Amount of Each Receipt this Period

38.00

P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

78.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

A. Full Name (Last, First, Middle Initial)
DAVID ANDERSON
Mailing Address 44021 GARDNER DR

City State Zip Code
ROSWELL GA 30004

FEC ID number of contributing
federal political committee.

C

Name of Employer
NORTH FULTON REGIONAL HOS-
PITAL

Occupation
INTERIM-CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR407270716255

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-
Weekly)

B. Full Name (Last, First, Middle Initial)
PAUL D ECHELARD
Mailing Address 1167 HILLSBORO MILE#614

City State Zip Code
WEST PALM BEACH FL 33062

FEC ID number of contributing
federal political committee.

C

Name of Employer
GOOD SAMARITAN MEDICAL CE-
NTER

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR407270916255

Amount of Each Receipt this Period

38.46

P/R Deduction (\$19.23 Bi-
Weekly)

C. Full Name (Last, First, Middle Initial)
SAMUEL G HARRIS
Mailing Address 933 HAVENHURST

City State Zip Code
WEST HOLLYWOOD CA 90046-6919

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHSYSTEM

Occupation
DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR407271116255

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

78.46

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

A. Full Name (Last, First, Middle Initial)
CRAIG C ARMIN
Mailing Address 23510 BERDON STREET

City State Zip Code
WOODLAND HILLS CA 91367-3004

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHSYSTEM

Occupation
VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR407274116255

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
KAREN GULBENKIAN
Mailing Address SAN CLEMENTE

City State Zip Code
San Clemente CA 92673-3534

FEC ID number of contributing
federal political committee.

C

Name of Employer
GARDEN GROVE HOSPITAL

Occupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR407278716255

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
MITCHELL ZEVIN
Mailing Address PACIFIC PALISAD

City State Zip Code
Pacific Palisad CA 90272-3123

FEC ID number of contributing
federal political committee.

C

Name of Employer
ENCINO-TARZANA REGIONAL
MEDICAL CENTER

Occupation
Dir Bus Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR407279216255

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

A. Full Name (Last, First, Middle Initial)
CANDACE L MARKWITH
Mailing Address 5657 E THE TOLEDO

City State Zip Code
LONG BEACH CA 90803-4046

FEC ID number of contributing
federal political committee.

C

Name of Employer
SIERRA VISTA REGIONAL MED-
ICAL CENTER

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR407280316255

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

B. Full Name (Last, First, Middle Initial)
MICHELE M FINNEY
Mailing Address 3751 Katella Avenue

City State Zip Code
Los Alamitos CA 90720-3164

FEC ID number of contributing
federal political committee.

C

Name of Employer
LOS ALAMITOS MEDICAL CENT-
ER

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR407283916255

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

C. Full Name (Last, First, Middle Initial)
KEN WHEAT
Mailing Address PALM DESERT

City State Zip Code
Palm Desert CA 92211-8934

FEC ID number of contributing
federal political committee.

C

Name of Employer
DESERT REGIONAL MEDICAL
CENTER

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR407288716255

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 32

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

Full Name (Last, First, Middle Initial)

A. STEVE CORBEIL

Mailing Address 2063 KINGSPONTE DRIVE

City	State	Zip Code
CLARKSON VALLEY	MO	63005-4484

FEC ID number of contributing
federal political committee.**C**Name of Employer
TENET HEALTHSYSTEMOccupation
SVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR413940416255

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. RICK LYONS

Mailing Address AGOURA

City	State	Zip Code
Agoura	CA	91301

FEC ID number of contributing
federal political committee.**C**Name of Employer
TWIN CITIES COMMUNITY HOS-
PITALOccupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR413941916255

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MONICA FRAZER

Mailing Address 3913 STANFORD

City	State	Zip Code
DALLAS	TX	75225-7111

FEC ID number of contributing
federal political committee.**C**Name of Employer
TENET HEADQUARTERS OFFICEOccupation
VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR839292216255

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

80.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

A. Full Name (Last, First, Middle Initial)
EDWARD MESCO
Mailing Address 7365 NW 54TH STREET

City State Zip Code
LAUDERHILL FL 33319-6346

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHSYSTEM

Occupation
DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR839477816255

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
VIOLETA L MAZZELLA
Mailing Address 8816 CANYON LANDS DRIVE

City State Zip Code
PLANO TX 75025-4221

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEADQUARTERS OFFICE

Occupation
MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR841454316255

Amount of Each Receipt this Period

32.00

P/R Deduction (\$16.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
ANASTASIA B HUINER
Mailing Address 614 EAST ALAMAR AVE.

City State Zip Code
SANTA BARBARA CA 93105-2946

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION-HQ

Occupation
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR841557816255

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

122.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

A. Full Name (Last, First, Middle Initial)
KATHLEEN FARRELL

Mailing Address 2585 FURLONG STREET

City State Zip Code
BRISTOL PA 18901

FEC ID number of contributing
federal political committee.

C

Name of Employer
WARMINSTER HOSPITAL

Occupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR843355316255

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
SUZANNE KOZEL

Mailing Address 161 MEADOW RIDGE LN

City State Zip Code
JONESBORO NC 27517

FEC ID number of contributing
federal political committee.

C

Name of Employer
ATLANTA MEDICAL CENTER

Occupation
MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

501.80

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR843980416255

Amount of Each Receipt this Period

38.60

P/R Deduction (\$19.30 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
LYNNE SCROGGINS

Mailing Address 3777 PEACHTREE RD NE 632

City State Zip Code
DECATUR GA 30319

FEC ID number of contributing
federal political committee.

C

Name of Employer
ATLANTA MEDICAL CENTER

Occupation
ASSOCIATE ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR844786216255

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

78.60

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

A. Full Name (Last, First, Middle Initial)

IRENE CHAVEZ

Mailing Address 2001 No. Oregon Street

City State Zip Code
 El Paso TX 79902-3368

FEC ID number of contributing
federal political committee.

C

Name of Employer
PROVIDENCE MEMORIAL HOSPI-
TAL

Occupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR846339316255

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

B. Full Name (Last, First, Middle Initial)

TERRY MURPHY

Mailing Address PASO ROBLES

City State Zip Code
 Paso Robles CA 93446-4845

FEC ID number of contributing
federal political committee.

C

Name of Employer
TWIN CITIES COMMUNITY HOS-
PITAL

Occupation
CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR849021416255

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

2629.52

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 31 / 32

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

Full Name (Last, First, Middle Initial)

A. Bob Casey for Senate

Mailing Address P.O. Box 22469

City
Philadelphia

State
PA

Zip Code
19110

Purpose of Disbursement
Bob Casey, US Senate, PA

Candidate Name
Senator Bob Casey

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA

District:

Transaction ID: 25087097

Date of Disbursement

MM / DD / YYYY
12 / 05 / 2006

Amount of Each Disbursement this Period

1000.00

Bob Casey, US Senate, PA

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00

Image# 27930069882

Form/Schedule: **F3XA** See memo - Admended FEC Report - 9/30/06 - filed 1/16/07

Transaction ID:
